

Attorney Docket No.: 0180163
Serial No.: 10/010,280

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ogle, et al.

Application Serial No.: 10/010,280

Filed: December 5, 2001

Title: Pretreatment Of ONO Layer For
Flash Memory

Group Art Unit: 2814

Examiner: Pizarro Crespo, M.

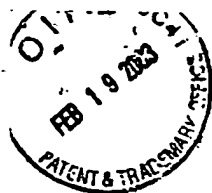
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AMENDMENT AND RESPONSE TO FINAL REJECTION

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir/Madam:

This is in response to the *final rejection*, dated November 29, 2002, in the above-referenced patent application. Reconsideration and allowance of pending claims 1-16 and 22-27 in view of the following amendments and remarks are respectfully requested.



AMENDMENT COVER SHEET

IN RE APPLICATION OF: Ogle, et al.

SERIAL NO.: 10/010,280 FILED: December 5, 2001

FOR: Pretreatment Of ONO Layer For Flash Memory

HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	410.00	205.00	\$
THIRD MONTH AFTER TIME PERIOD SET	930.00	465.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,450.00	725.00	\$

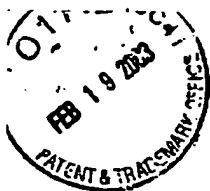
☐ TOTAL EXTENSION FEE \$ _____

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	22	MINUS **22	* = 0	x 18	x 9	\$
INDEPENDENT	8	MINUS ***8	* = 0	x 84	x 42	\$
First presentation of multiple dependent claim				+ 280	+ 140	\$

TOTAL FEE FOR EXTRA CLAIMS \$ _____

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.



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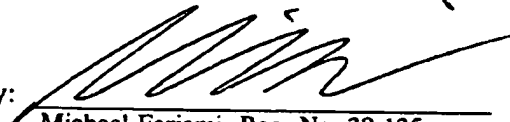
* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

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*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

- ☐ Total fee for Supplemental Information Disclosure Statement \$ _____
- ☐ Enclosed is the total fee of \$ _____
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

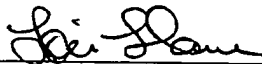
Date: 2/11/03

By: 
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on:

2/11/03


Signature

Lori Uave
Typed or Printed Name of Person Mailing Paper and/or Fee

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